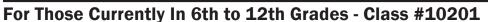


Alameda Recreation and Park Department 2226 Santa Clara Ave, Alameda 94501 (510) 747-7529/FAX (510) 523-4071 - Online Registration: www.arpdeplay.com

TRIP TO BOOMERS PARK (LIVERMORE)



Tuesday, November 22, 2011

9:00 a.m. to 5:00 p.m.

Cost: \$50 per person (\$60 after November 1st)

Drop Off/Pick Up: THE UNDERGROUND TEEN CENTER (2203 Central Ave, Alameda)

LIVER MORE JANG

Zoom down the race track, beam each other during laser tag, take a swing on the course (miniature golf), and unwind on the arcades at Boomers Park in Livermore. Join us on this fun day of wild activities, challenges, and games. Meals are not included. Please be sure to apply sunscreen, wear comfortable shoes (no sandals or backless shoes) and bring money for food and a jacket.

<u>DON'T BE LATE! THERE IS A \$1 PER MINUTE CHARGE FOR EVERY MINUTE YOU ARE LATE PICKING UP YOUR TEEN - PAYABLE THAT DAY.</u> Do not bring electronic or sentimental items on trip. ARPD is not responsible for teen's personal belongings or money. NO REFUNDS OR CREDITS ISSUED.



FEE ENCLOSED: \$_





EXP DATE

☐ #10201 - BOOMERS PARK (LI	VERMORE) - TUESDAY, NO	VEMBER 22ND - Cost: \$50 (\$60 after Nov 1st)
PERSON(S) AUTHORIZED TO P	PICK-UP TEEN:	AGE: GRADE: MALE FEMALE
TEEN'S NAME	BIRTHDATE:	//AGE:GRADE: 🗅 MALE 🗅 FEMA
ADDRESS:	CITY:;	ZIP:HOME PHONE: ()
MEDICAL RELEASE: I do hereby give permission for he/she deems necessary to the above child in case of a		
PHYSICIAN'S NAME		PHONE ()
NAME OF INSURANCE		POLICY NUMBER
ALLERGIES, MEDICAL PROBLEMS, CURRENT MED	DICATIONS:	
MOM/GUARDIAN NAME	ADDRES	SS (if different from above)
HOME PHONE (if different from above)	WORK PHONE	CELL PHONE
DAD/GUARDIAN NAME	ADDRES	SS (if different from above)
HOME PHONE (if different from above)	WORK PHONE	CELL PHONE
IN CASE OF EMERGENCY AND I CANNOT BE REAC	CHED, PLEASE CONTACT: (I understand	I it is my responsibility to provide current contact information)
NAME:RELATIONSHI	P:HOME PHONE: (CELL/WORK:()
undersigned and/or his/her personal representatives, assignees, of the undersigned, whether or not caused by the negligence and 2. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSII officers, employees, agents, and independent contractors or othe 3. THE UNDERSIGNED HEREBY PERMITS the taking of ph discretion.	heirs, and next of kin for any loss or damage and an d/or property of the City of Alameda, its directors, o BILITY FOR AND RISK OF BODILY INJURY, DEAT envise while in, upon or about the premises of the otographs of themselves and/or the participant by S THE RELEASE AND WAIVER OF LIABILITY A	any claim or demands accruing or resulting from injury to the person or property or do officers, employees, agents, and independent contractors. ITH OR PROPERTY DAMAGE, due to the negligence of the City of Alameda, its direct City of Alameda and/or while using the premises or facilities or equipment thereon. by the City of Alameda during recreation classes or activities to be used at the Country.
PARENT/GUARDIAN SIGNATURE		DATE

CHK#

MC/VISA